

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
CHILD PLACEMENT AND PAYMENT SYSTEM  
ADOPTION ASSISTANCE**

DSS-5095  
(Rev. 01/17)

MO    DAY    YEAR  

1. COUNTY	2. CASE MANAGER NAME, LAST	FI	MI	3. CASE MANAGER NO.	4. COUNTY CASE NO.

**I. SIS INFORMATION (Complete Fields 5-14 Just for Children who do not have an SIS record: DSS-5027)**

5. CLIENT ID			6. CLIENT NAME, LAST				FIRST			MI
7. CLIENT SOCIAL SECURITY NO.			8. DATE OF BIRTH		9. SPECIAL AREAS					
			MO    DAY    YEAR							
10. SEX	11. RACE	12. SCHOOL	13. GRADE	14. HIV STATUS						

**II. ADOPTION ASSISTANCE PAYMENTS**

15. DATE OF / SANCTIONED PETITION / GUARDIANSHIP	16. DATE OF FINAL ORDER	17. SPECIAL POPULATION	ADOPTION/GUARDIANSHIP ASSISTANCE AGREEMENT	
MO    DAY    YEAR	MO    DAY    YEAR		18. FROM	19. THROUGH
			MO    DAY    YEAR	MO    DAY    YEAR

20. NON RECURRING COSTS	21. MEDICAL VENDOR	22. THERAPEUTIC VENDOR	23. FUNDING SOURCE	NON-R	BALANCE AVAILABLE
					MED.    THERAP

**CASH PAYMENT REQUEST**

24. MONTHLY AMOUNT	25. BEGINNING PAYMENT DATE	26. FUNDING SOURCE	CASH PAYMENT TERMINATED	
	MO    YEAR	STATE    IV-B    IV-E	27. REASON	28. TERMINATION DATE
				MO    DAY    YEAR

**29. DATE OF CRIMINAL RECORDS CHECK**

MO    DAY    YEAR

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**PAYEE INFORMATION**

FIRST NAME	MI	LAST NAME	JR/SR/ETC

ADDRESS LINE 1	ADDRESS LINE 2

CITY	STATE	ZIP CODE